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31780 7590 04/26/2004

ERIC ROBINSON  
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Rose M. Fichtel	(Depositor's name)
<i>Rose M. Fichtel</i>	(Signature)
July 26, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/712,286	11/15/2000	Hongyong Zhang	0756-2224	4444

TITLE OF INVENTION: OPTICAL SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MUNSON, GENE M	2811	257-072000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Eric J. Robinson  
 Robinson Intellectual  
 2 Property Law Office,  
 P.C.  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Semiconductor Energy Laboratory Co., Ltd.

Kanagawa-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 50-2280 (enclose an extra copy of this form).

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(Date)

Reg. No. 38,285 07/26/04

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07/28/2004 GWORDF2 00000047 09712286

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